



United States Department of the Interior
NATIONAL PARK SERVICE

Great Sand Dunes National Park and Preserve
11999 Highway 150
Mosca, Colorado 81146-9798
Phone 719-378-6344 Fax 719-378-6340
Email: Melanie_Rawlins@nps.gov



Ambassadors for Wilderness – Participant Application

Postmark, email, or fax by April 1st, 2009

The Ambassadors for Wilderness program through Great Sand Dunes National Park is an opportunity for high school students from around the San Luis Valley to come together, learn together, and live together in a wilderness environment. Participants will explore the park environments from the high alpine tundra to the sand dunes and wetlands. Field science, trail-building, personal reflection time, Leave No Trace training, and many other activities are included. Camping gear and food are provided free of charge.

Participants who complete all components of the program will earn:

- 75 hours of volunteer service time or 1 transferable elective credit
- \$100 tuition scholarship

Name: _____ Birthdate: _____
Grade (current): _____ School: _____ ☐ Female ☐ Male

Circle one:
Caucasian Hispanic Asian Amer. African Amer. Native Amer. Other

Address: _____ City/State/Zip: _____
Email address: _____ Phone (home or cell): _____

Emergency Contacts – parent or legal guardian must be provided as first emergency contact

Name _____ Relation _____ Email _____
Day phone _____ Evening phone _____ Cell phone _____

Name _____ Relation _____ Email _____
Day phone _____ Evening phone _____ Cell phone _____

Outdoor experience (just for our information, this does not affect selection):

Hiking:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly	<input type="checkbox"/> Frequently
Car camping:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly	<input type="checkbox"/> Frequently
Horse packing:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly	<input type="checkbox"/> Frequently
Backpacking:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly	<input type="checkbox"/> Frequently
Hunting or fishing:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly	<input type="checkbox"/> Frequently



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Short-answer questions:

Why do you want to participate in the Ambassadors for Wilderness program?

What is one positive thing you think you bring to a group setting?

What do you think will be your biggest challenge in the program?

How do you think you might like to educate others about your experience (your Ambassador Project)?

Please check the dates you are available. **You must attend the first block of overnights and one Sand Creek trip.** If you have a preference, please indicate below and we will try to accommodate you.

Orientation and Open House (optional)
☐ Saturday June 27th : 10 p.m. – noon
Frontcountry & Backcountry Overnights
☐ Saturday July 11th - Tuesday July 14th
5-day Sand Creek Adventure
☐ Monday July 20th – Friday July 24th
☐ Monday July 27th – Friday July 31st
Ambassador Family Weekend (optional)
☐ Saturday Sept 12th – Sunday Sept 13th

Can you arrange your own transportation to and from the park? ☐ Yes ☐ No

Would you be interested in carpooling with other participants? ☐ Yes ☐ No

If you can drive, how many extra passengers can you take? _____

Applicant Signature: _____ Date: _____



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Note: The purpose of this data is to safeguard the health, safety and welfare of the participants and may be provided to a physician in the event treatment is necessary. **All personal and medical information is protected under the Privacy Act of 1974. This information is requested on a voluntary basis.**

Does the participant have, or has ever had, any of the following conditions or symptoms?

Current Medical Conditions

1. Bleeding/Clotting disorders ☐ Yes ☐ No
2. Asthma ☐ Yes ☐ No
3. Diabetes ☐ Yes ☐ No
4. Ear Infections ☐ Yes ☐ No
5. Heart Defects/Hypertension ☐ Yes ☐ No
6. Psychiatric Treatment ☐ Yes ☐ No
7. Seizure Disorder ☐ Yes ☐ No
8. Immuno-Compromised ☐ Yes ☐ No
9. Sleep Walking ☐ Yes ☐ No
10. Bedwetting ☐ Yes ☐ No
11. Other ☐ Yes ☐ No
12. Hospitalized in the last 5 years? ☐ Yes ☐ No

Diseases

13. Chicken Pox ☐ Yes ☐ No
14. Measles ☐ Yes ☐ No
15. Mumps ☐ Yes ☐ No
16. Other Diseases ☐ Yes ☐ No

Allergies

17. Hay Fever ☐ Yes ☐ No
18. Iodine ☐ Yes ☐ No
19. Poison Oak ☐ Yes ☐ No
20. Penicillin ☐ Yes ☐ No
21. Bees/Wasps/Insects ☐ Yes ☐ No
22. Other ☐ Yes ☐ No

If you have allergies,

Do you carry your own Epi-pen?

☐ Yes ☐ No

Do you carry your own inhaler?

☐ Yes ☐ No

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question #	Explanation

Is the participant taking any medication? ☐ Yes ☐ No

Please list all medications the participant is taking and the purpose of each.

*****Please continue to take all medications as prescribed unless otherwise instructed by your physician.*****

Is the participant capable of carrying a backpack weighing up to 50lbs? ☐ Yes ☐ No

Is the participant capable of hiking with a heavy pack for up to 8 miles a day? ☐ Yes ☐ No

Are there any restrictions on the participant's physical activity? If so, please describe (i.e. recent injuries, past surgeries, etc.)

Does the participant have any **food allergies**? Please specify _____

Does the participant have any **food restrictions** (i.e. vegetarian, no dairy, etc.) Please specify _____

Name of Physician _____ Telephone Number _____

Participant Name _____

Parent/Guardian Signature _____ **Date** _____



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Ambassadors for Wilderness – Risk and Release Form

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature. Activities will vary from session to session but may include hiking, trail maintenance, non-native plant eradication, backpacking, and travel in government vehicles driven by NPS employees. The Agreement for Individual Volunteer Services (Form 10-85) and accompanying job description will detail planned activities, associated risks, and methods to mitigate those risks. I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in this Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

CONSENT TO MEDICAL TREATMENT

I authorize Great Sand Dunes staff who have received appropriate training to administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, Great Sand Dunes will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s) that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines necessary.

AGREEMENT

- I have had the opportunity to ask Great Sand Dunes any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that this document is intended by Great Sand Dunes to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this document, and I am signing it voluntarily.

Name of Participant _____

At least one parent (preferably both) or guardian must sign before to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the acknowledgment and assumption of risks, consent to medical treatment, and agreement.

_____	/	/	_____	/	/
Parent/Guardian Signature		Date	Parent/Guardian Signature		Date



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Tuesday, January 13, 2009

Dear Parent or Guardian,

Your son or daughter has decided to apply to the Ambassadors for Wilderness Program at Great Sand Dunes National Park and Preserve. Our goal is to provide local students with in-depth wilderness-based experiences of the Great Sand Dunes system so that they might learn, grow, and share this experience back at home. Participants will be building outdoor and leadership skills, participating in field science, serving their communities, and developing a relationship with their neighborhood National Park. Activities will take place over the course of the summer during the following sessions:

- ☐ Orientation and Open House (Parents and guardians invited!)
- ☐ Frontcountry Overnight in Group Site
- ☐ Backcountry Overnight to Mosca Pass
- ☐ 5-day Sand Creek Adventure
- ☐ Ambassador Family Weekend (optional)

We hope to include at least one student from each high school in the San Luis Valley to serve as a representative for their community. In turn, each will be expected to complete a project – a presentation, a volunteer project, an article – for their home community to serve as an “ambassador” for the wilderness of Great Sand Dunes.

Ambassadors are students identified as having strong leadership potential, communication skills, and enthusiasm. We hope that you and your community will help us to celebrate these young people as they build skills and memories to last a lifetime. In order for the program to succeed, we need your support. If your child is selected, please help him or her to stay on track and complete all components of the program. The more support you give, the more your child stands to gain. Also, please take some time to read through and fill out the attached paperwork.

All health and contact information is protected under the Privacy Act of 1974. This information is used only for internal record-keeping and safety planning purposes.

Thank you for allowing your child to take on the challenges and rewards of the wilderness experience. Good luck and we hope to see you in the park soon!

Sincerely,

Melanie Rawlins
Education Specialist, Great Sand Dunes National Park and Preserve
(719)378-6344, Melanie_Rawlins@nps.gov